

EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: _____ Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 470-2009-02759	
Indiana Civil Rights Commission and EEOC State or local Agency, if any			
Name (Indicate Mr., Ms., Mrs.) Ms. Sandra Berg		Home Phone (Incl. Area Code) (765) 664-7856	
Date of Birth 03-08-1955			
Street Address City, State and ZIP Code 816 East A Charles St., Marion, IN 46952			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name HERSCHBERGER CAFE		No. Employees, Members 15 - 100	
Phone No. (Include Area Code) (765) 674-3787			
Street Address City, State and ZIP Code 100 Fisher Parkway, Gas City, IN 46933			
Name		No. Employees, Members	
Phone No. (Include Area Code)			
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below.)		DATE(S) DISCRIMINATION TOOK PLACE Earliest 04-03-2009 Latest 04-24-2009 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I was hired by the Herschberger Café in May 2008, as a Kitchen Helper and I performed a wide variety of duties as assigned by my managers. When I was hired the owners were aware of my disability. I have never had any disciplinary action taken against me throughout my employment with the Café. In April 2009 I was informed that the owners had received paperwork from social security about benefits that were granted to me in September 2008. Shortly after the owners received the social security documents, I was terminated. I believe that I was terminated because the owners regarded me as being disabled which is a violation of the Americans with Disabilities Act.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements.	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
Date Jun 01, 2009 Charging Party Signature Sandra K Berg		SIGNATURE OF COMPLAINANT	
		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

Exhibit A